

10/814,125
Search 2/22/07

d his

(FILE 'HOME' ENTERED AT 14:28:40 ON 21 FEB 2007)

FILE 'BIOSIS, CAPLUS, EMBASE, MEDLINE, JAPIO' ENTERED AT 14:29:03 ON 21
FEB 2007

L1 49652 S (IGG ANTIBOD?)
L2 40 S L1 AND (PLATELET ACTIVATING FACTOR)
L3 16 DUPLICATE REMOVE L2 (24 DUPLICATES REMOVED)
L4 147 S L1 AND (CARDIOVASCULAR DISEASE)
L5 1 S L3 AND L4
L6 69 DUPLICATE REMOVE L4 (78 DUPLICATES REMOVED)
L7 12 S L6 AND HYPERTENSION?

=>

ANSWER 5 OF 12 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN
 AN 1999:515799 BIOSIS
 DN PREV199900515799
 TI Lack of association between seropositivity to Chlamydia pneumoniae and carotid atherosclerosis.
 AU Coles, Katie A. [Reprint author]; Plant, Aileen J.; Riley, Thomas V.; Smith, David W.; McQuillan, Brendan M.; Thompson, Peter L.
 CS Department of Public Health, University of Western Australia, Nedlands, WA, 6009, Australia
 SO American Journal of Cardiology, (Oct. 1, 1999) Vol. 84, No. 7, pp. 825-828. print.
 CODEN: AJCDAG. ISSN: 0002-9149.
 DT Article
 LA English
 ED Entered STN: 3 Dec 1999
 Last Updated on STN: 3 Dec 1999
 AB Since the Chlamydia pneumoniae (C. pneumoniae)-specific antibody was shown to be associated with acute myocardial infarction and chronic coronary heart disease, the role of C. pneumoniae in the etiology of cardiovascular disease has been studied by a number of groups. We investigated the association between the C. pneumoniae-specific antibody, measured by microimmunofluorescence, risk factors for cardiovascular disease, and atherosclerosis in a randomly selected urban population. Overall, immunoglobulin-G (IgG) seroprevalence to C. pneumoniae in this sample of 1,034 subjects was 58%, whereas IgA seroprevalence was 32%. There was a decline in seropositivity with age for IgG but not IgA. Men were more likely than women to be IgG (66% vs 51%, chi-square $p = 0.001$) and IgA seropositive (36% vs 28%, chi-square $p = 0.005$). Current smokers had higher IgA seropositivity than nonsmokers (43% vs 30%). Those patients with a family history of cerebrovascular disease were more likely to have IgG antibody than those without (75% vs 57%, chi-square $p = 0.007$). Neither IgG nor IgA seropositivity was associated with the standard risk factors of hypertension, hyperlipidemia, or family history of ischemic heart disease, nor was seropositivity associated with carotid intima medial thickening (IMT) or atherosclerotic plaque as measured by carotid B-mode ultrasound. There was no difference between those participants who were IgG or IgA seropositive and seronegative in measurements of mean IMT, prevalence of abnormal IMT, and percentage with atherosclerotic plaque. In conclusion, although C. pneumoniae was associated with several risk factors for cardiovascular disease in a large cross-sectional population, we found no independent association between seroprevalence to C. pneumoniae and carotid atherosclerosis as measured by carotid IMT.
 CC Cardiovascular system - General and methods 14501
 Blood - General and methods 15001
 Immunology - General and methods 34502
 Medical and clinical microbiology - General and methods 36001
 IT Major Concepts
 Cardiovascular Medicine (Human Medicine, Medical Sciences); Infection; Serology (Allied Medical Sciences)
 IT Diseases
 carotid atherosclerosis: vascular disease
 Carotid Artery Diseases (MeSH)
 IT Chemicals & Biochemicals
 immunoglobulin A: serum; immunoglobulin G: serum
 ORGN Classifier
 Chlamydiaceae 07121
 Super Taxa
 Chlamydiales; Rickettsias and Chlamydias; Eubacteria; Bacteria; Microorganisms
 Organism Name
 Chlamydia pneumoniae: pathogen
 Taxa Notes

ANSWER 5 OF 12 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN
 AN 1999:515799 BIOSIS
 DN PREV199900515799
 TI Lack of association between seropositivity to Chlamydia pneumoniae and carotid atherosclerosis.
 AU Coles, Katie A. [Reprint author]; Plant, Aileen J.; Riley, Thomas V.; Smith, David W.; McQuillan, Brendan M.; Thompson, Peter L.
 CS Department of Public Health, University of Western Australia, Nedlands, WA, 6009, Australia
 SO American Journal of Cardiology, (Oct. 1, 1999) Vol. 84, No. 7, pp. 825-828. print.
 CODEN: AJCDAG. ISSN: 0002-9149.
 DT Article
 LA English
 ED Entered STN: 3 Dec 1999
 Last Updated on STN: 3 Dec 1999
 AB Since the Chlamydia pneumoniae (C. pneumoniae)-specific antibody was shown to be associated with acute myocardial infarction and chronic coronary heart disease, the role of C. pneumoniae in the etiology of cardiovascular disease has been studied by a number of groups. We investigated the association between the C. pneumoniae-specific antibody, measured by microimmunofluorescence, risk factors for cardiovascular disease, and atherosclerosis in a randomly selected urban population. Overall, immunoglobulin-G (IgG) seroprevalence to C. pneumoniae in this sample of 1,034 subjects was 58%, whereas IgA seroprevalence was 32%. There was a decline in seropositivity with age for IgG but not IgA. Men were more likely than women to be IgG (66% vs 51%, chi-square $p = 0.001$) and IgA seropositive (36% vs 28%, chi-square $p = 0.005$). Current smokers had higher IgA seropositivity than nonsmokers (43% vs 30%). Those patients with a family history of cerebrovascular disease were more likely to have IgG antibody than those without (75% vs 57%, chi-square $p = 0.007$). Neither IgG nor IgA seropositivity was associated with the standard risk factors of hypertension, hyperlipidemia, or family history of ischemic heart disease, nor was seropositivity associated with carotid intima medial thickening (IMT) or atherosclerotic plaque as measured by carotid B-mode ultrasound. There was no difference between those participants who were IgG or IgA seropositive and seronegative in measurements of mean IMT, prevalence of abnormal IMT, and percentage with atherosclerotic plaque. In conclusion, although C. pneumoniae was associated with several risk factors for cardiovascular disease in a large cross-sectional population, we found no independent association between seroprevalence to C. pneumoniae and carotid atherosclerosis as measured by carotid IMT.
 CC Cardiovascular system - General and methods 14501
 Blood - General and methods 15001
 Immunology - General and methods 34502
 Medical and clinical microbiology - General and methods 36001
 IT Major Concepts
 Cardiovascular Medicine (Human Medicine, Medical Sciences); Infection; Serology (Allied Medical Sciences)
 IT Diseases
 carotid atherosclerosis: vascular disease
 Carotid Artery Diseases (MeSH)
 IT Chemicals & Biochemicals
 immunoglobulin A: serum; immunoglobulin G: serum
 ORGN Classifier
 Chlamydiaceae 07121
 Super Taxa
 Chlamydiales; Rickettsias and Chlamydias; Eubacteria; Bacteria; Microorganisms
 Organism Name
 Chlamydia pneumoniae: pathogen
 Taxa Notes

Bacteria, Eubacteria, Microorganisms

ORGN Classifier

Hominidae 86215

Super Taxa

Primates; Mammalia; Vertebrata; Chordata; Animalia

Organism Name

human: host, patient

Taxa Notes

Animals, Chordates, Humans, Mammals, Primates, Vertebrates

Bacteria, Eubacteria, Microorganisms

ORGN Classifier

Hominidae 86215

Super Taxa

Primates; Mammalia; Vertebrata; Chordata; Animalia

Organism Name

human: host, patient

Taxa Notes

Animals, Chordates, Humans, Mammals, Primates, Vertebrates

ANSWER 7 OF 12 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN

AN 1994:33981 BIOSIS

DN PREV199497046981

TI Past infection by Chlamydia pneumoniae strain TWAR and asymptomatic carotid atherosclerosis.

AU Melnick, Sandra L.; Shahar, Eyal; Folsom, Aaron R. [Reprint author]; Grayston, J. Thomas; Sorlie, Paul D.; Wang, San-Pin; Szklo, Moyses

CS Div. Epidemiol., Sch. Public Health, Univ. Minnesota, 1300 South Second St., Suite 300, Minneapolis, MN 55454-1015, USA

SO American Journal of Medicine, (1993) Vol. 95, No. 5, pp. 499-504. CODEN: AJMEAZ. ISSN: 0002-9343.

DT Article

LA English

ED Entered STN: 27 Jan 1994
Last Updated on STN: 27 Jan 1994

AB PURPOSE: To determine whether past infection by Chlamydia pneumoniae strain TWAR is associated with asymptomatic atherosclerosis. Previous studies have linked this organism with symptomatic coronary heart disease. SUBJECTS AND METHODS: Between 1986 and 1989, 15,800 men and women aged 45 to 64 years were examined as part of the Atherosclerosis Risk in Communities Study, a prospective cohort study of atherosclerosis being conducted in 4 United States communities. The examination included B-mode ultrasonography of the carotid arteries and an assessment of cardiovascular disease risk factors. Carotid wall thickening (blood-intima to medial-adventitial interface) in the absence of clinical cardiovascular disease was considered evidence of asymptomatic atherosclerosis. In 1991, IgG antibody titers to TWAR were assayed by microimmunofluorescence in stored sera from 326 case-control pairs matched by age group, race, sex, examination period, and field center. A titer of 1:8 or higher was considered a positive TWAR antibody response. RESULTS: Seventy-three percent of atherosclerosis cases had serologic evidence of past TWAR infection versus 63% of controls (matched odds ratio 1.76; 95% confidence interval, 1.21 to 2.57). After adjustment for age, hypertension, diabetes, cigarette smoking, low-density lipoprotein cholesterol, high-density lipoprotein cholesterol, and education, the odds ratio for atherosclerosis was essentially unchanged at 2.00 (95% confidence interval, 1.19 to 3.35). The association was stronger for individuals aged 45 to 54 years than for those aged 55 to 64 years. CONCLUSION: There was a significant cross-sectional association between past TWAR infection and asymptomatic atherosclerosis. This organism may be a contributor to the pathogenesis of atherosclerosis.

CC Pathology - Diagnostic 12504
Pathology - Therapy 12512
Cardiovascular system - Heart pathology 14506
Cardiovascular system - Blood vessel pathology 14508
Medical and clinical microbiology - Bacteriology 36002

IT Major Concepts
Cardiovascular Medicine (Human Medicine, Medical Sciences); Infection; Pathology

IT Miscellaneous Descriptors
CORONARY HEART DISEASE; DIAGNOSIS; PAST INFECTION; PATHOLOGY; RISK FACTOR

ORGN Classifier
Chlamydiaceae 07121
Super Taxa
Chlamydiales; Rickettsias and Chlamydias; Eubacteria; Bacteria; Microorganisms
Organism Name
Chlamydia pneumoniae
Taxa Notes
Bacteria, Eubacteria, Microorganisms

ORGN Classifier
Hominidae 86215

ANSWER 7 OF 12 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN

AN 1994:33981 BIOSIS

DN PREV199497046981

TI Past infection by Chlamydia pneumoniae strain TWAR and asymptomatic carotid atherosclerosis.

AU Melnick, Sandra L.; Shahar, Eyal; Folsom, Aaron R. [Reprint author]; Grayston, J. Thomas; Sorlie, Paul D.; Wang, San-Pin; Szklo, Moyses

CS Div. Epidemiol., Sch. Public Health, Univ. Minnesota, 1300 South Second St., Suite 300, Minneapolis, MN 55454-1015, USA

SO American Journal of Medicine, (1993) Vol. 95, No. 5, pp. 499-504. CODEN: AJMEAZ. ISSN: 0002-9343.

DT Article

LA English

ED Entered STN: 27 Jan 1994
Last Updated on STN: 27 Jan 1994

AB PURPOSE: To determine whether past infection by Chlamydia pneumoniae strain TWAR is associated with asymptomatic atherosclerosis. Previous studies have linked this organism with symptomatic coronary heart disease. SUBJECTS AND METHODS: Between 1986 and 1989, 15,800 men and women aged 45 to 64 years were examined as part of the Atherosclerosis Risk in Communities Study, a prospective cohort study of atherosclerosis being conducted in 4 United States communities. The examination included B-mode ultrasonography of the carotid arteries and an assessment of cardiovascular disease risk factors. Carotid wall thickening (blood-intima to medial-adventitial interface) in the absence of clinical cardiovascular disease was considered evidence of asymptomatic atherosclerosis. In 1991, IgG antibody titers to TWAR were assayed by microimmunofluorescence in stored sera from 326 case-control pairs matched by age group, race, sex, examination period, and field center. A titer of 1:8 or higher was considered a positive TWAR antibody response. RESULTS: Seventy-three percent of atherosclerosis cases had serologic evidence of past TWAR infection versus 63% of controls (matched odds ratio 1.76; 95% confidence interval, 1.21 to 2.57). After adjustment for age, hypertension, diabetes, cigarette smoking, low-density lipoprotein cholesterol, high-density lipoprotein cholesterol, and education, the odds ratio for atherosclerosis was essentially unchanged at 2.00 (95% confidence interval, 1.19 to 3.35). The association was stronger for individuals aged 45 to 54 years than for those aged 55 to 64 years. CONCLUSION: There was a significant cross-sectional association between past TWAR infection and asymptomatic atherosclerosis. This organism may be a contributor to the pathogenesis of atherosclerosis.

CC Pathology - Diagnostic 12504
Pathology - Therapy 12512
Cardiovascular system - Heart pathology 14506
Cardiovascular system - Blood vessel pathology 14508
Medical and clinical microbiology - Bacteriology 36002

IT Major Concepts
Cardiovascular Medicine (Human Medicine, Medical Sciences); Infection; Pathology

IT Miscellaneous Descriptors
CORONARY HEART DISEASE; DIAGNOSIS; PAST INFECTION; PATHOLOGY; RISK FACTOR

ORGN Classifier
Chlamydiaceae 07121
Super Taxa
Chlamydiales; Rickettsias and Chlamydias; Eubacteria; Bacteria; Microorganisms
Organism Name
Chlamydia pneumoniae
Taxa Notes
Bacteria, Eubacteria, Microorganisms

ORGN Classifier
Hominidae 86215

Super Taxa

Primates; Mammalia; Vertebrata; Chordata; Animalia

Organism Name

human

Taxa Notes

Animals, Chordates, Humans, Mammals, Primates, Vertebra

Super Taxa

Primates; Mammalia; Vertebrata; Chordata; Animalia

Organism Name

human

Taxa Notes

Animals, Chordates, Humans, Mammals, Primates, Vertebra

ANSWER 3 OF 33 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN

AN 1997:68811 BIOSIS

DN PREV199799368014

TI Association of chlamydial infection with cerebrovascular disease.

AU Wimmer, Martin L. J.; Strupp, Ruth Sandman; Saikku, Pekka; Haberl, Roman L. [Reprint author]

CS Dep. Neurology, Staadtisches Krankenhaus Muenchen-Harlaching, Sanatorium-splatz 2, 81545 Munich, Germany

SO Stroke, (1996) Vol. 27, No. 12, pp. 2207-2210.
CODEN: SJCCA7. ISSN: 0039-2499.

DT Article

LA English

ED Entered STN: 11 Feb 1997
Last Updated on STN: 11 Feb 1997

AB Background and Purpose: Recent studies suggest an association of coronary heart disease and carotid atherosclerosis with Chlamydia pneumoniae infection. We investigated the frequency of chlamydial seropositivity and specific circulating immune complexes in patients with recent cerebrovascular disease. Methods: Specific antibodies to C. pneumoniae in serum were measured by the microimmunofluorescence test in 58 consecutive patients (aged 18 to 50 years) with ischemic infarction (n=39) or transient ischemic attacks (n= 19) and in 52 hospital control subjects without vascular disease, matched for sex, age, time, and locality. Results: Twenty-seven patients (46.6%) and 12 control subjects (23.1%) had raised IgA titers gtoreq 1:16 (P=.0.18). IgG titers gtoreq 1:32 were measured in 74.1% of the patients and 77% of control subjects (P=.623). Specific IgG antibodies in circulating immune complexes, which were isolated by polyethylene glycol precipitation, were elevated gtoreq 1:8 in 24.1% of the patients and 7.7% of control subjects (P=.047). With the use of a conditional logistic regression model, the odds ratios were 1.70 (95% confidence interval (CI), 1.13 to 2.58) for elevated IgA titers, 1.91 (95% CI, 1.06 to 3.47) for the presence of immune complexes, and 1.96 (95% CI, 1.00 to 3.82) for the presence of both factors. After adjustment for the vascular risk factors hypertension, age, sex, and migraine, the odds ratios were 1.71 (95% CI, 1.08 to 2.70), 2.00 (95% CI, 1.07 to 3.76), and 2.20 (95% CI, 1.09 to 4.41), respectively. Conclusions: We conclude that chronic infection with C. pneumoniae is associated with an increased risk of stroke and transient ischemic events.

CC Cardiovascular system - Blood vessel pathology 14508
Nervous system - Pathology 20506
Medical and clinical microbiology - Bacteriology 36002

IT Major Concepts
Cardiovascular Medicine (Human Medicine, Medical Sciences); Infection; Neurology (Human Medicine, Medical Sciences)

IT Miscellaneous Descriptors
BACTERIAL DISEASE; CARDIOVASCULAR SYSTEM; CEREBROVASCULAR DISEASE; CHLAMYDIAL INFECTION; HOST; INFECTION; NERVOUS SYSTEM; NERVOUS SYSTEM DISEASE; PATHOGEN; PATIENT; TRANSIENT ISCHEMIA; VASCULAR DISEASE

ORGN Classifier
Chlamydiaceae 07121
Super Taxa
Chlamydiales; Rickettsias and Chlamydias; Eubacteria; Bacteria; Microorganisms
Organism Name
Chlamydia pneumoniae
Taxa Notes
Bacteria, Eubacteria, Microorganisms

ORGN Classifier
Hominidae 86215
Super Taxa
Primates; Mammalia; Vertebrata; Chordata; Animalia
Organism Name
human

ANSWER 3 OF 33 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN

AN 1997:68811 BIOSIS

DN PREV199799368014

TI Association of chlamydial infection with cerebrovascular disease.

AU Wimmer, Martin L. J.; Strupp, Ruth Sandman; Saikku, Pekka; Haberl, Roman L. [Reprint author]

CS Dep. Neurology, Staatliches Krankenhaus Muenchen-Harlaching, Sanatorium-splatz 2, 81545 Munich, Germany

SO Stroke, (1996) Vol. 27, No. 12, pp. 2207-2210.

CODEN: SJCCA7. ISSN: 0039-2499.

DT Article

LA English

ED Entered STN: 11 Feb 1997

Last Updated on STN: 11 Feb 1997

AB Background and Purpose: Recent studies suggest an association of coronary heart disease and carotid atherosclerosis with Chlamydia pneumoniae infection. We investigated the frequency of chlamydial seropositivity and specific circulating immune complexes in patients with recent cerebrovascular disease. Methods: Specific antibodies to C. pneumoniae in serum were measured by the microimmunofluorescence test in 58 consecutive patients (aged 18 to 50 years) with ischemic infarction (n=39) or transient ischemic attacks (n= 19) and in 52 hospital control subjects without vascular disease, matched for sex, age, time, and locality. Results: Twenty-seven patients (46.6%) and 12 control subjects (23.1%) had raised IgA titers gtoreq 1:16 (P =.0.18). IgG titers gtoreq 1:32 were measured in 74.1% of the patients and 77% of control subjects (P=.623). Specific IgG antibodies in circulating immune complexes, which were isolated by polyethylene glycol precipitation, were elevated gtoreq 1:8 in 24.1% of the patients and 7.7% of control subjects (P=.047). With the use of a conditional logistic regression model, the odds ratios were 1.70 (95% confidence interval (CI), 1.13 to 2.58) for elevated IgA titers, 1.91 (95% CI, 1.06 to 3.47) for the presence of immune complexes, and 1.96 (95% CI, 1.00 to 3.82) for the presence of both factors. After adjustment for the vascular risk factors hypertension, age, sex, and migraine, the odds ratios were 1.71 (95% CI, 1.08 to 2.70), 2.00 (95% CI, 1.07 to 3.76), and 2.20 (95% CI, 1.09 to 4.41), respectively. Conclusions: We conclude that chronic infection with C. pneumoniae is associated with an increased risk of stroke and transient ischemic events.

CC Cardiovascular system - Blood vessel pathology 14508

Nervous system - Pathology 20506

Medical and clinical microbiology - Bacteriology 36002

IT Major Concepts

Cardiovascular Medicine (Human Medicine, Medical Sciences); Infection; Neurology (Human Medicine, Medical Sciences)

IT Miscellaneous Descriptors

BACTERIAL DISEASE; CARDIOVASCULAR SYSTEM; CEREBROVASCULAR DISEASE; CHLAMYDIAL INFECTION; HOST; INFECTION; NERVOUS SYSTEM; NERVOUS SYSTEM DISEASE; PATHOGEN; PATIENT; TRANSIENT ISCHEMIA; VASCULAR DISEASE

ORGN Classifier

Chlamydiaceae 07121

Super Taxa

Chlamydiales; Rickettsias and Chlamydias; Eubacteria; Bacteria; Microorganisms

Organism Name

Chlamydia pneumoniae

Taxa Notes

Bacteria, Eubacteria, Microorganisms

ORGN Classifier

Hominidae 86215

Super Taxa

Primates; Mammalia; Vertebrata; Chordata; Animalia

Organism Name

human

Taxa Notes

Taxa Notes

ANSWER 5 OF 33 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN

AN 1994:33981 BIOSIS

DN PREV199497046981

TI Past infection by Chlamydia pneumoniae strain TWAR and asymptomatic carotid atherosclerosis.

AU Melnick, Sandra L.; Shahar, Eyal; Folsom, Aaron R. [Reprint author]; Grayston, J. Thomas; Sorlie, Paul D.; Wang, San-Pin; Szklo, Moyses

CS Div. Epidemiol., Sch. Public Health, Univ. Minnesota, 1300 South Second St., Suite 300, Minneapolis, MN 55454-1015, USA

SO American Journal of Medicine, (1993) Vol. 95, No. 5, pp. 499-504.
CODEN: AJMEAZ. ISSN: 0002-9343.

DT Article

LA English

ED Entered STN: 27 Jan 1994
Last Updated on STN: 27 Jan 1994

AB PURPOSE: To determine whether past infection by Chlamydia pneumoniae strain TWAR is associated with asymptomatic atherosclerosis. Previous studies have linked this organism with symptomatic coronary heart disease. SUBJECTS AND METHODS: Between 1986 and 1989, 15,800 men and women aged 45 to 64 years were examined as part of the Atherosclerosis Risk in Communities Study, a prospective cohort study of atherosclerosis being conducted in 4 United States communities. The examination included B-mode ultrasonography of the carotid arteries and an assessment of cardiovascular disease risk factors. Carotid wall thickening (blood-intima to medial-adventitial interface) in the absence of clinical cardiovascular disease was considered evidence of asymptomatic atherosclerosis. In 1991, IgG antibody titers to TWAR were assayed by microimmunofluorescence in stored sera from 326 case-control pairs matched by age group, race, sex, examination period, and field center. A titer of 1:8 or higher was considered a positive TWAR antibody response. RESULTS: Seventy-three percent of atherosclerosis cases had serologic evidence of past TWAR infection versus 63% of controls (matched odds ratio 1.76; 95% confidence interval, 1.21 to 2.57). After adjustment for age, hypertension, diabetes, cigarette smoking, low-density lipoprotein cholesterol, high-density lipoprotein cholesterol, and education, the odds ratio for atherosclerosis was essentially unchanged at 2.00 (95% confidence interval, 1.19 to 3.35). The association was stronger for individuals aged 45 to 54 years than for those aged 55 to 64 years. CONCLUSION: There was a significant cross-sectional association between past TWAR infection and asymptomatic atherosclerosis. This organism may be a contributor to the pathogenesis of atherosclerosis.

CC Pathology - Diagnostic 12504
Pathology - Therapy 12512
Cardiovascular system - Heart pathology 14506
Cardiovascular system - Blood vessel pathology 14508
Medical and clinical microbiology - Bacteriology 36002

IT Major Concepts
Cardiovascular Medicine (Human Medicine, Medical Sciences); Infection; Pathology

IT Miscellaneous Descriptors
CORONARY HEART DISEASE; DIAGNOSIS; PAST INFECTION; PATHOLOGY; RISK FACTOR

ORGN Classifier
Chlamydiaceae 07121
Super Taxa
Chlamydiales; Rickettsias and Chlamydias; Eubacteria; Bacteria; Microorganisms
Organism Name
Chlamydia pneumoniae
Taxa Notes
Bacteria, Eubacteria, Microorganisms

ORGN Classifier

ANSWER 5 OF 33 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN
AN 1994:33981 BIOSIS
DN PREV199497046981
TI Past infection by Chlamydia pneumoniae strain TWAR and asymptomatic
carotid atherosclerosis.
AU Melnick, Sandra L.; Shahar, Eyal; Folsom, Aaron R. [Reprint author];
Grayston, J. Thomas; Sorlie, Paul D.; Wang, San-Pin; Szklo, Moyses
CS Div. Epidemiol., Sch. Public Health, Univ. Minnesota, 1300 South Second
St., Suite 300, Minneapolis, MN 55454-1015, USA
SO American Journal of Medicine, (1993) Vol. 95, No. 5, pp.
499-504.
CODEN: AJMEAZ. ISSN: 0002-9343.
DT Article
LA English
ED Entered STN: 27 Jan 1994
Last Updated on STN: 27 Jan 1994
AB PURPOSE: To determine whether past infection by Chlamydia pneumoniae
strain TWAR is associated with asymptomatic atherosclerosis. Previous
studies have linked this organism with symptomatic coronary heart disease.
SUBJECTS AND METHODS: Between 1986 and 1989, 15,800 men and women aged 45
to 64 years were examined as part of the Atherosclerosis Risk in
Communities Study, a prospective cohort study of atherosclerosis being
conducted in 4 United States communities. The examination included B-mode
ultrasonography of the carotid arteries and an assessment of
cardiovascular disease risk factors. Carotid wall thickening
(blood-intima to medial-adventitial interface) in the absence of clinical
cardiovascular disease was considered evidence of asymptomatic
atherosclerosis. In 1991, IgG antibody titers to TWAR
were assayed by microimmunofluorescence in stored sera from 326
case-control pairs matched by age group, race, sex, examination period,
and field center. A titer of 1:8 or higher was considered a positive TWAR
antibody response. RESULTS: Seventy-three percent of atherosclerosis
cases had serologic evidence of past TWAR infection versus 63% of controls
(matched odds ratio 1.76; 95% confidence interval, 1.21 to 2.57). After
adjustment for age, hypertension, diabetes, cigarette smoking,
low-density lipoprotein cholesterol, high-density lipoprotein cholesterol,
and education, the odds ratio for atherosclerosis was essentially
unchanged at 2.00 (95% confidence interval, 1.19 to 3.35). The
association was stronger for individuals aged 45 to 54 years than for
those aged 55 to 64 years. CONCLUSION: There was a significant
cross-sectional association between past TWAR infection and asymptomatic
atherosclerosis. This organism may be a contributor to the pathogenesis
of atherosclerosis.
CC Pathology - Diagnostic 12504
Pathology - Therapy 12512
Cardiovascular system - Heart pathology 14506
Cardiovascular system - Blood vessel pathology 14508
Medical and clinical microbiology - Bacteriology 36002
IT Major Concepts
Cardiovascular Medicine (Human Medicine, Medical Sciences); Infection;
Pathology
IT Miscellaneous Descriptors
CORONARY HEART DISEASE; DIAGNOSIS; PAST INFECTION; PATHOLOGY; RISK
FACTOR
ORGN Classifier
Chlamydiaceae 07121
Super Taxa
Chlamydiales; Rickettsias and Chlamydias; Eubacteria; Bacteria;
Microorganisms
Organism Name
Chlamydia pneumoniae
Taxa Notes
Bacteria, Eubacteria, Microorganisms
ORGN Classifier

Hominidae 86215
Super Taxa
Primates; Mammalia; Vertebrata; Chordata; Animalia
Organism Name
human
Taxa Notes
Animals, Chordates, Humans, Mammals, Primates, Vertebrates

L12 ANSWER 6 OF 33 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN
AN 1994:27689 BIOSIS
DN PREV199497040689
TI Antigen identification in drug-induced bullous pemphigoid.
AU Smith, Eileen Pazderka [Reprint author]; Taylor, Ted B.; Meyer, Laurence
J.; Zone, John J.
CS Div. Dermatol., Univ. Utah Health Sci. Center, 50 North Medical Dr., Salt
Lake City, UT 84132, USA
SO Journal of the American Academy of Dermatology, (1993) Vol. 29,
No. 5 PART 2, pp. 879-882.
ISSN: 0190-9622.
DT Article
LA English
ED Entered STN: 25 Jan 1994
Last Updated on STN: 26 Jan 1994
AB Immunobullous diseases usually develop spontaneously, but drug-induced
bullous disease develops in a small subgroup of patients. We examined a
patient in whom bullous pemphigoid developed after she received enalapril
for treatment of hypertension. IgG antibody
directed against a 230 kd antigen was identified. The eluted IgG
autoantibody was shown to bind to the basement membrane zone on split
skin. This study demonstrates that drug-induced bullous pemphigoid
autoantibody in this patient was directed against the same antigen as the
spontaneous bullous pemphigoid antigen.
CC Biochemistry studies - General 10060
Biochemistry studies - Proteins, peptides and amino acids 10064
Integumentary system - Pathology 18506
Pharmacology - Cardiovascular system 22010
Toxicology - Pharmacology 22504
Immunology - Immunopathology, tissue immunology 34508
IT Major Concepts
Clinical Endocrinology (Human Medicine, Medical Sciences); Dermatology
(Human Medicine, Medical Sciences); Pharmacology; Toxicology
IT Chemicals & Biochemicals
ENALAPRIL
IT Miscellaneous Descriptors
ANTIHYPERTENSIVE AGENT; CASE STUDY; ENALAPRIL; IMMUNOGLOBULIN G
AUTOANTIBODY; TOXICITY
ORGN Classifier
Hominidae 86215
Super Taxa
Primates; Mammalia; Vertebrata; Chordata; Animalia
Organism Name
human
Taxa Notes
Animals, Chordates, Humans, Mammals, Primates, Vertebrates
RN 75847-73-3 (ENALAPRIL)

Hominidae 86215
Super Taxa
Primates; Mammalia; Vertebrata; Chordata; Animalia
Organism Name
human
Taxa Notes
Animals, Chordates, Humans, Mammals, Primates, Vertebrates

L12 ANSWER 6 OF 33 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN
AN 1994:27689 BIOSIS
DN PREV199497040689
TI Antigen identification in drug-induced bullous pemphigoid.
AU Smith, Eileen Pazderka [Reprint author]; Taylor, Ted B.; Meyer, Laurence
J.; Zone, John J.
CS Div. Dermatol., Univ. Utah Health Sci. Center, 50 North Medical Dr., Salt
Lake City, UT 84132, USA
SO Journal of the American Academy of Dermatology, (1993) Vol. 29,
No. 5 PART 2, pp. 879-882.
ISSN: 0190-9622.
DT Article
LA English
ED Entered STN: 25 Jan 1994
Last Updated on STN: 26 Jan 1994
AB Immunobullous diseases usually develop spontaneously, but drug-induced
bullous disease develops in a small subgroup of patients. We examined a
patient in whom bullous pemphigoid developed after she received enalapril
for treatment of hypertension. IgG antibody
directed against a 230 kd antigen was identified. The eluted IgG
autoantibody was shown to bind to the basement membrane zone on split
skin. This study demonstrates that drug-induced bullous pemphigoid
autoantibody in this patient was directed against the same antigen as the
spontaneous bullous pemphigoid antigen.
CC Biochemistry studies - General 10060
Biochemistry studies - Proteins, peptides and amino acids 10064
Integumentary system - Pathology 18506
Pharmacology - Cardiovascular system 22010
Toxicology - Pharmacology 22504
Immunology - Immunopathology, tissue immunology 34508
IT Major Concepts
Clinical Endocrinology (Human Medicine, Medical Sciences); Dermatology
(Human Medicine, Medical Sciences); Pharmacology; Toxicology
IT Chemicals & Biochemicals
ENALAPRIL
IT Miscellaneous Descriptors
ANTIHYPERTENSIVE AGENT; CASE STUDY; ENALAPRIL; IMMUNOGLOBULIN G
AUTOANTIBODY; TOXICITY
ORGN Classifier
Hominidae 86215
Super Taxa
Primates; Mammalia; Vertebrata; Chordata; Animalia
Organism Name
human
Taxa Notes
Animals, Chordates, Humans, Mammals, Primates, Vertebrates
RN 75847-73-3 (ENALAPRIL)

ANSWER 34 OF 36 MEDLINE on STN

AN 89350714 MEDLINE

DN PubMed ID: 2504137

TI Platelet aggregating activity in the plasma of patients with established thrombosis.

AU Jackson S P; Salem H H

CS Department of Medicine, Monash Medical School, Prahran, Vic, Australia.

SO Australian and New Zealand journal of medicine, (1989 Apr) Vol. 19, No. 2, pp. 126-31.

Journal code: 1264322. ISSN: 0004-8291.

CY Australia

DT Journal; Article; (JOURNAL ARTICLE)

LA English

FS Priority Journals

EM 198909

ED Entered STN: 9 Mar 1990

Last Updated on STN: 9 Mar 1990

Entered Medline: 8 Sep 1989

AB This study examines the incidence and significance of novel plasma derived platelet aggregating activity (PAA) in 190 consecutive patients admitted to the medical wards of a general hospital. Seventy five patients (39%) demonstrated this activity. The incidence was highest in patients with a history of thrombosis (52%) or in those with a heightened thrombotic tendency, for example, patients with diabetes or hypertension. In contrast, platelet aggregating activity was observed in six out of 62 patients (approximately 10%) in whom a current or past medical history of thrombosis could not be elicited and in only two out of 72 healthy volunteers examined (3%). A high frequency of PAA was also noted in a small group of patients with idiopathic thrombocytopenia and patients who had previously received platelet transfusions. In these patients, this activity presumably reflects the presence of antiplatelet antibodies. A good correlation between the presence of plasma derived platelet aggregating activity and the phenomenon of spontaneous platelet aggregation was observed. The platelet aggregating activity was not heparin dependent, but was completely abolished by EDTA (5 mM) and benzamidine (8 mM), or by pretreating the platelets with aspirin. A synergistic response was observed with subaggregatory concentrations of thrombin and adrenalin. Our results suggest that the presence of this platelet aggregating activity may provide a marker for vascular thrombosis. Furthermore we postulate that this plasma derived activity may be partly responsible for platelet hyperactivity previously observed in patients with thromboembolic disorders.

CT Adult

Aged

Aspirin: PD, pharmacology

Benzamidines: PD, pharmacology

Blood Coagulation Factors: AN, analysis

Edetic Acid: PD, pharmacology

Humans

Middle Aged

*Platelet Activating Factor

*Platelet Aggregation

Platelet Aggregation: DE, drug effects

Research Support, Non-U.S. Gov't

Thrombocytopenia: BL, blood

Thrombocytopenia: DT, drug therapy

*Thrombosis: BL, blood

Thrombosis: DT, drug therapy

Time Factors

RN 50-78-2 (Aspirin); 60-00-4 (Edetic Acid)

CN 0 (Benzamidines); 0 (Blood Coagulation Factors); 0 (Platelet Activating Factor)

ANSWER 34 OF 36 MEDLINE on STN

AN 89350714 MEDLINE

DN PubMed ID: 2504137

TI Platelet aggregating activity in the plasma of patients with established thrombosis.

AU Jackson S P; Salem H H

CS Department of Medicine, Monash Medical School, Prahran, Vic, Australia.

SO Australian and New Zealand journal of medicine, (1989 Apr) Vol. 19, No. 2, pp. 126-31.

Journal code: 1264322. ISSN: 0004-8291.

CY Australia

DT Journal; Article; (JOURNAL ARTICLE)

LA English

FS Priority Journals

EM 198909

ED Entered STN: 9 Mar 1990

Last Updated on STN: 9 Mar 1990

Entered Medline: 8 Sep 1989

AB This study examines the incidence and significance of novel plasma derived platelet aggregating activity (PAA) in 190 consecutive patients admitted to the medical wards of a general hospital. Seventy five patients (39%) demonstrated this activity. The incidence was highest in patients with a history of thrombosis (52%) or in those with a heightened thrombotic tendency, for example, patients with diabetes or hypertension. In contrast, platelet aggregating activity was observed in six out of 62 patients (approximately 10%) in whom a current or past medical history of thrombosis could not be elicited and in only two out of 72 healthy volunteers examined (3%). A high frequency of PAA was also noted in a small group of patients with idiopathic thrombocytopenia and patients who had previously received platelet transfusions. In these patients, this activity presumably reflects the presence of antiplatelet antibodies. A good correlation between the presence of plasma derived platelet aggregating activity and the phenomenon of spontaneous platelet aggregation was observed. The platelet aggregating activity was not heparin dependent, but was completely abolished by EDTA (5 mM) and benzamidine (8 mM), or by pretreating the platelets with aspirin. A synergistic response was observed with subaggregatory concentrations of thrombin and adrenalin. Our results suggest that the presence of this platelet aggregating activity may provide a marker for vascular thrombosis. Furthermore we postulate that this plasma derived activity may be partly responsible for platelet hyperactivity previously observed in patients with thromboembolic disorders.

CT Adult

Aged

Aspirin: PD, pharmacology

Benzamidines: PD, pharmacology

Blood Coagulation Factors: AN, analysis

Edetic Acid: PD, pharmacology

Humans

Middle Aged

*Platelet Activating Factor

*Platelet Aggregation

Platelet Aggregation: DE, drug effects

Research Support, Non-U.S. Gov't

Thrombocytopenia: BL, blood

Thrombocytopenia: DT, drug therapy

*Thrombosis: BL, blood

Thrombosis: DT, drug therapy

Time Factors

RN 50-78-2 (Aspirin); 60-00-4 (Edetic Acid)

CN 0 (Benzamidines); 0 (Blood Coagulation Factors); 0 (Platelet Activating Factor)